

TERMS AND CONDITIONS OF SUPPLEMENTARY INSURANCE OF NO WORK ABILITY

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Applicable from 01.04.2017

When concluding a Credit life insurance contract, the client can choose Supplementary Insurance of No Work Ability.

The insurer pays the insurance benefit when the policyholder is not able to go to work and earn an income due to them having no work ability.

These terms and conditions of Supplementary Insurance of No Work Ability (hereinafter: Supplementary Insurance) apply only in conjunction with the Credit life insurance terms and conditions offered by ERGO Life Insurance SE's Estonian branch. The terms and conditions of Supplementary Insurance will supplement the terms and conditions of Credit life insurance. In case of any discrepancies between the terms and conditions of Credit life insurance and Supplementary Insurance, the terms and conditions of Supplementary Insurance are applied.

1. Insured event

1.1. An insured event is an event that has happened to the policyholder during the insurance period (accident or diagnosed medical condition) resulting in the insured person having No Work Ability and is medically verified and prevents them from going to work and earning a profit or receiving income in any position or activity area. Having No Work Ability must be established for at least 12 consecutive months on the basis of the Estonian legislation. Having No Work Ability must be determined in a period of 3 years since the insured event took place.

1.2. Having No Work Ability does not constitute an insured event and the insurer will not pay the insurance benefit when the insured person having No Work Ability appears within 6 months from the start date of a first insurance period (unless caused by an unexpected accident not under the control of the policyholder). The said limitation also applies for an increase in the insurance benefit.

2. Exclusions

2.1. The insurer does not pay the insurance benefit, when the policyholder having No Work Ability is caused by the policyholder's:

- 2.1.1. suicide attempt or deliberately self-inflicted damage to their health;
- 2.1.2. intoxication with alcohol, narcotic, toxic or other similar substances or by strong medicines not prescribed by a doctor;
- 2.1.3. engagement in dangerous sports like air sports (incl. parachuting, gliding or flying a small aircraft, paragliding, etc.); diving deeper than 40 m and extreme diving techniques like freediving; also alpinism, mountaineering and rock climbing, heli-skiing, off-piste skiing and snowboarding, bobsledding, circuit or rally racing with a bike or a car, drag racing (incl. with motorised boats); bungee jumping, etc. (unless otherwise agreed in the insurance contract);
- 2.1.4. service in the defense forces or in alternative service;
- 2.1.5. unlawful act.

3. Release of the insurer from the obligation to perform the insurance contract

3.1. The insurer shall be released from the obligation to perform the insurance contract in case the policyholder:

- 3.1.1. has presented inaccurate or incomplete information when concluding the insurance contract or when adding Supplementary Insurance of No Work Ability or in the handling of an insured event;

3.1.2. has not presented the information necessary to the insurer to establish the reasons behind and gravity of the insured event or has not visited the expert doctor appointed by the insurer to pass the necessary tests within one year after becoming knowledgeable of the insured event.

4. Payment of the insurance benefit

4.1. The policyholder must notify the insurer immediately when them having No Work Ability is established.

4.2. The insurance benefit is paid out when the following documents are presented:

- benefit application;
- document proving the policyholder's identity;
- excerpt from the policyholder's medical record and/or health file, decision on the assessment of No Work Ability;
- copy of a ruling of the court, police or other investigative agency when the cause of No Work Ability is related to a misdemeanor or criminal offence;
- other documents related to the insured event.

4.3. The insurer does not have the obligation to accept the evidence presented by the policyholder; however, when it deems it necessary and at its own expense, it may require additional examinations to be conducted on the policyholder or ask for the opinion of an expert doctor.

The insurer makes the payment within ten business days since the policyholder or the insured person has presented all the necessary documents and insurer has established basis for the payment. The insurer pays the insurance benefit and up to three months' loan interest calculated on the basis of the loan contract for the time when the policyholder had been referred to additional medical examinations, if the loan interest has not been paid for this period following the insured event. The upper limit of the loan interest paid is 1.75% of the insurance benefit applicable at the time of the insured event.

5. Amendment and termination of Supplementary Insurance

5.1. The insurer has the right to amend the terms and conditions of Supplementary Insurance and/or the insurance benefit in case of a change in the legislative acts applicable to the insurance contract or bases for the calculation of the insurance premium which are not under the control of the parties.

The insurer has the obligation to notify the policyholder of changes in the insurance premium of terms and conditions of the insurance 30 days before the changes are applied. If the policyholder does not agree with the change in the insurance premium, they have the right to cancel the insurance contract by notifying the insurer before the changes are applied.

5.2. The Supplementary Insurance shall expire:

- upon the expiry of the Credit life insurance contract;
- with an insured event and the insurer fulfilling their contractual obligation;
- at the latest, the day preceding the policyholder turning 66;
- upon the cancellation of or withdrawal from the Supplementary Insurance arrangement;
- on any other bases provided by law.